

# WELL COMPLETION OR RECOMPLETION REPORT

Form No. R4-8-1991

## PART I GENERAL INFORMATION

Name of Operator Indiana Gas Company, Inc.	Telephone Number ( 317 ) 321 -0443	Permit Number 43983
Address of Operator ( <input type="checkbox"/> Check if new address; effective date __/__/__ ) 1630 North Meridian St.		
City Indianapolis	State IN	Zip Code 46202

## PART II WELL INFORMATION

Well Type (Check one only)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Dry Hole           | <input type="checkbox"/> Gas Storage/Observation  | <input checked="" type="checkbox"/> Saltwater Disposal |
| <input type="checkbox"/> Oil                | <input type="checkbox"/> Geologic/Structure Test  | <input type="checkbox"/> Enhanced Recovery             |
| <input type="checkbox"/> Gas                | <input type="checkbox"/> Non Potable Water Supply |  |
| <input type="checkbox"/> Non Commercial Gas |   |  |

## PART III LOCATION INFORMATION

Name of Lease Indiana Gas Company	Well Number #5 (B-37)	Ground Level Elevation 688'										
Section (or Loc., Survey, Donation) 25	<table border="1"> <tr> <td>Twp</td> <td>Rge</td> <td>1/4</td> <td>1/4</td> <td>1/4</td> </tr> <tr> <td>26N</td> <td>4W</td> <td>NW</td> <td>SW</td> <td>NW</td> </tr> </table>	Twp	Rge	1/4	1/4	1/4	26N	4W	NW	SW	NW	8' from <del>N</del> /S line 38' from <del>E</del> /W line
Twp	Rge	1/4	1/4	1/4								
26N	4W	NW	SW	NW								
County <u>White</u>	Distance to nearest well completed in the same zone <u>660</u> '											

## PART IV COMPLETION INFORMATION

Date (Enter one Only) Completed ____/____/____ Re-Completed ____/____/____ Converted <u>09</u> / <u>20</u> / <u>95</u>		Tools: Rotary From <u>0</u> 'To <u>1040</u> ' Cable From <u>1040</u> 'To <u>1055</u> '		Total Depth: Drillers <u>1055</u> ' Loggers <u>1053</u> '	
Casing & Tubing Record			Cement		Hole
O.D. Size (inches)	Wt/ft.-Grade New/Used	Depth (ft.)	Cu./ft.	Class-lb./gal	Depth (ft.) Diameter (inches)
Surface <u>8 5/8 O.D.</u>	New 24# - J55	129'	0	-	129' 11 1/4
Intermediate _____	-			-	
Long String <u>4 1/2" OD</u>	New 9.5# - J55	1041'	174	Poz-Mix 15.4	1041' 7 7/8
Tubing <u>2 3/8 O.D. EUE</u>	New 4.7# - J55	1001			1053 3 7/8
Packer Type <input checked="" type="checkbox"/> Tension <input type="checkbox"/> Compression			Packer Depth <u>1001</u> '		

## PART IV Cont...

## COMPLETION INFORMATION

Geophysical Logs (list types)	Completion Intervals	Well Treatments
GRN	From 0 'to 1053 '	Fracture gal.
CBL	From 0 'to 1051 '	Fracture gal.
	From 'to '	Acid 0 gal.
	From 'to '	Acid gal.
	Open Hole From 1041 'to 1053 '	Shot qts.
Name of Formation Trenton		Initial Production (first 24 hours) Oil - Bbl GAS - MCF

## PART V

## OCCURRENCE OF OIL &amp; GAS

Interval	Type of Formation (Ls, Ss, etc...)	Special Test Description (DST's, Pump tests, Fill-up, etc...)
From ' To ' 		None
From ' To ' 		
From ' To ' 		
From ' To ' 		
From ' To ' 		

JAN 24 1995

## Construction:

Surface Casing \_\_\_\_\_  
Setting Depth 129 '  
Size 8 5/8 "O.D.

Hole Size \_\_\_\_\_  
11 1/4 "  
Cement Top \_\_\_\_\_ '  
cu./ft. No cement

Intermediate Casing \_\_\_\_\_  
Setting Depth \_\_\_\_\_ '  
Size \_\_\_\_\_ "O.D.

Hole Size \_\_\_\_\_ "  
Cement Top \_\_\_\_\_ '  
cu./ft. \_\_\_\_\_

Long String \_\_\_\_\_  
Setting Depth 1041 '  
Size 4 1/2 "O.D.

Hole Size \_\_\_\_\_ "  
7 7/8 "  
Cement Top Surface '  
cu./ft. 174

Tubing \_\_\_\_\_  
Setting Depth 1001 '  
Size 2 3/8 "O.D. EUE

Packer \_\_\_\_\_  
Setting Depth 1001 '

~~Perforations~~: Open hole

From \_\_\_\_\_ 'to \_\_\_\_\_ '

From \_\_\_\_\_ 'to \_\_\_\_\_ '

From \_\_\_\_\_ 'to \_\_\_\_\_ '

Total Depth \_\_\_\_\_  
1053 '

## Geological:

Deepest U.S.D.W.  
Depth to Top 120 '  
Thickness 100

Vertical distance between  
bottom of the lowest  
U.S.D.W. to top of  
injection zone  
816 '

Top Confining Zone  
Name Cincinnati  
Depth to Top 683 '  
Thickness 353 '

Primary Lithology  
☒ Shale ☐ Lime

Injection Zone  
Name Trenton  
Depth to Top 1036 '  
Thickness 100+

Primary Lithology  
☐ Sandstone ☒ Lime

## Injection Intervals

From 1041 'to 1053 '

From \_\_\_\_\_ 'to \_\_\_\_\_ '

From \_\_\_\_\_ 'to \_\_\_\_\_ '

## PART VII

## FORMATION RECORD

FROM	TO	Rock Type	FROM	TO	Rock Type
		See previous completion report.			

JAN 24 1995

## PART VIII

## AFFIRMATION

I affirm under penalty of perjury that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature of Operator or Authorized Agent

Date

*Keith Koppel**Jan 23, 1995*

OUTLINE LEASED AREA ON PLAT AND SPOT WELL LOCATION;

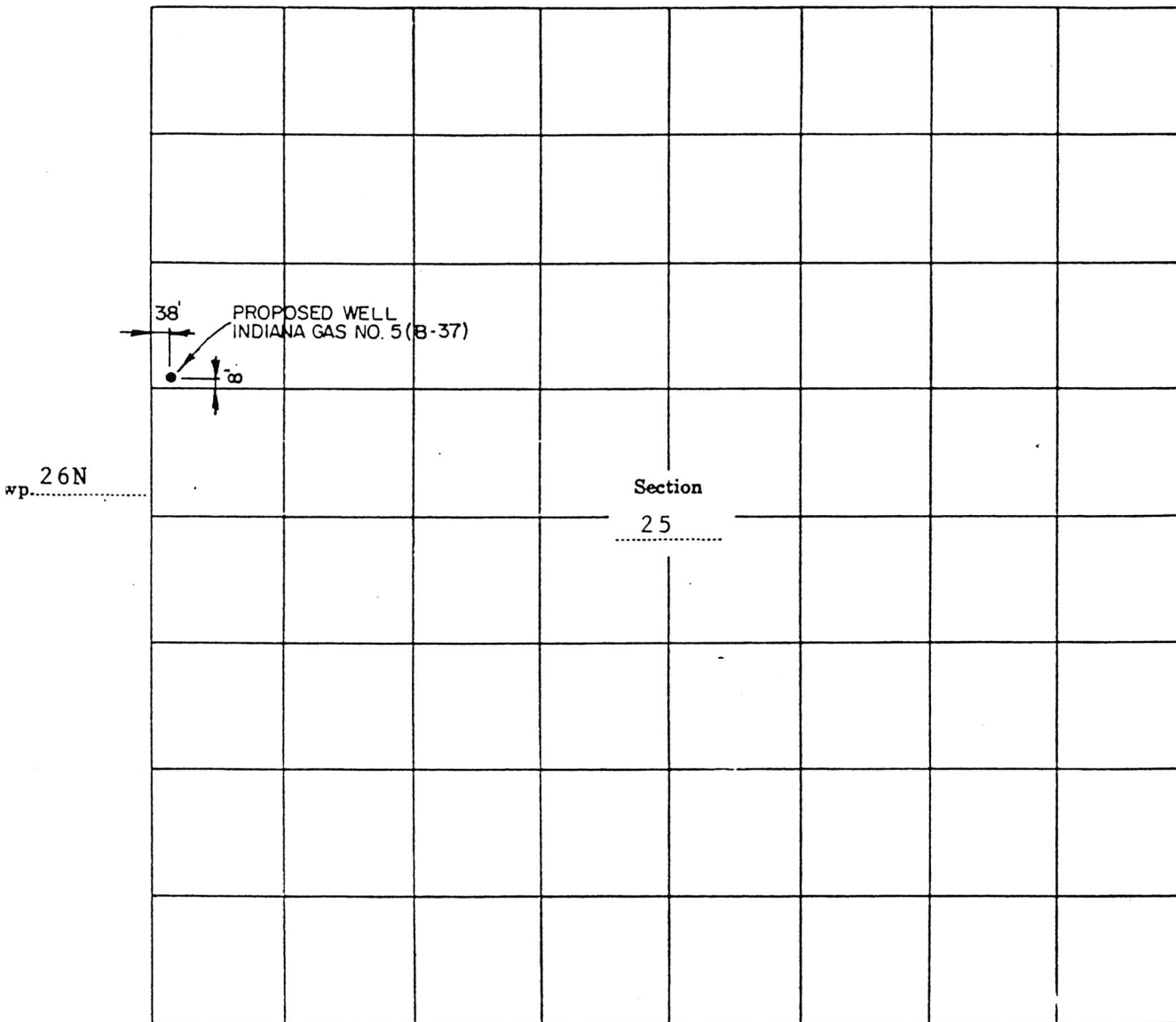
5-21

Is proposed location within the limits of an incorporated city, village, town or state property? No.

ELEVATION AT SURFACE OF WELL 688.15 METHOD OF DETERMINING ELEVATION

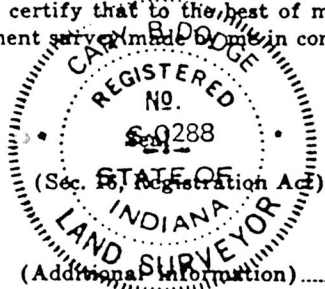
U.S.C. & G.S. Benchmark No. W147 Elevation 682.29

Range 4W



Scale of 6" equals 1 mile; smallest squares are 660' x 660', and contains 10 acres

I hereby certify that to the best of my knowledge and belief the proposed location of the above described well, fixed as the result of an instrument survey made by me in compliance with the requirements of the laws of Indiana, is truly and correctly set forth hereon.



*Cam S. Schlegelmilch*

30288

(Signature of Registered Engineer or Land Surveyor)  
Schlegelmilch and Associates Inc.  
111 West Broadway, Monticello, In

(Give Indiana Registration Number or Date of Completion)  
(Approval)

(Address)

S83-A088